

## Application Data Sheet

### Application Information

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: POWER ACTUATOR FOR  
AUTOMOTIVE CLOSURE LATCH

Attorney Docket Number:: 31727-2019

Request for Early Publication?::

Request for Non-Publication?::

Suggested Drawing Figure::

Total Drawing Sheets:: 10

Small Entity?:: NO

Latin name::

Variety denomination name::

Petition included?::

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?::

**Applicant Information1**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Canada
Status::	Full Capacity
Given Name::	Ioan
Middle Name::	Dorin
Family Name::	Ilea
Name Suffix::	
City of Residence::	Vaughan
State or Province of Residence::	Ontario
Country or Residence::	Canada
Street of mailing address::	81 Stag's Leap Rd.
City of mailing address::	Vaughan
State or Province of mailing address::	Ontario
Country of mailing address::	Canada
Postal or Zip Code of mailing address::	L4H 1W6

**Applicant Information2**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Canada
Status::	Full Capacity

Given Name:: J.R. Scott  
Middle Name::  
Family Name:: Mitchell  
Name Suffix::  
City of Residence:: Woodbridge  
State or Province of Residence:: Ontario  
Country or Residence:: Canada  
Street of mailing address:: 5289 Hwy 7, Unit 7  
City of mailing address::  
State or Province of mailing address:: Ontario  
Country of mailing address:: Canada  
Postal or Zip Code of mailing address:: L4L 2S0

**Correspondence Information**

Correspondence Customer Number:: 33721  
Name:: TORYS LLP  
Street of mailing address:: 79 Wellington St. W.  
City of mailing address:: Toronto  
State or Province of mailing address:: Ontario  
Country of mailing address:: Canada  
Postal or Zip Code of mailing address:: M5K 1N2  
Phone number:: 416.865.0040  
Fax Number:: 416.865.7380  
E-Mail address::

<b>Representative Information</b>		
Representative Customer Number::		
- OR -		
Representative Designation::	Registration Number::	Representative Name::
Registered Patent Agent	36,424	John C. Hunt

<b>Domestic Priority Information</b>			
Application::	Continuity Type::	Parent Application::	Parent Filing Date::

<b>Foreign Priority Information</b>			
Country::	Application number::	Filing Date::	Priority Claimed::

### **Assignee Information**

Assignee name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address

Postal or Zip Code of mailing address: